# FORM ACF-202 - TANF CASELOAD REDUCTION REPORT

| Date of Completion: 12-09-2013  |   |  |  |
|---|---|--|--|
| State: Missouri   | Fiscal Year to which credit applies: 2014   |  |  |
| ✓ Overall Report  Two-parent (check one)  Report  | Apply the overall credit to the two- parent participation rate?   yes  ✓ no   |  |  |
| PART 1 –Eligibility Changes Made Since FY 2005 (Complete this section for EACH change)  |   |  |  |
| 1. Name of eligibility change: Change of two par  | ent households to solely state funded program.  |  |  |
| Implementation date of eligibility change: October 1, 2006  |   |  |  |
|   | a prior policy: <b>Beginning October 2006 Missouri opted to</b> carticipation requirements from TANF. Two-parent ements are in a solely state funded program. |  |  |
| <ol> <li>Description of the methodology used to calculate<br/>(attach supporting materials to this form):</li> </ol>  | e the estimated impact of this eligibility change   |  |  |
| The impact of the change is shown on the two-parent impact worksheet in Part II of this report, which depicts a decline in caseloads from October 1, 2006, to September 30, 2007. An average was determined and used to calculate the net impact. |   |  |  |
| 5. Estimated average monthly impact of this eligibi   | ility change on caseload in comparison year: 3,284  |  |  |

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| Date of Completion: 12-09-2013   |  |  |
|--|--|--|
| tate: Missouri Fiscal Year to which credit applies: 2014   |  |  |
| 1. Name of eligibility change: Immediate Engagen   | nent   |  |
| 2. Implementation date of eligibility change: <b>Janua</b>   | ry 1, 2008   |  |
| 3. Description of policy, including the change from p  | prior policy:  |  |
| are required to begin the process to engage in work (DWD) prior to approval of the Temporary Assista   |  |  |
| <ul> <li>Description of the methodology used to calculate to (attach supporting materials to this form)</li> <li>Missouri is unaware of all circumstances that occu</li> </ul> |  |  |
|  | idual not complying with the Immediate Engagement a a month due to non-compliance with Immediate |  |
| There is no impact due to this eligibility change as Assistance caseload.  | these individuals were never part of the Temporary   |  |
| NOTE: Effective December 6, 2010 this is no longe  | er an eligibility factor for Temporary Assistance.   |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 5. Estimated average monthly impact of this eligibili  | ty change on caseload in comparison year: none   |  |

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| St               | ate: Missouri Fiscal Year to which credit applies: 2014  |
|------------------|--|
| 1.               | Name of eligibility change: Implement Transitional Employment Benefit program as a separate state program.   |
| 2.               | Implementation date of eligibility change: October 1, 2008   |
| 3.               | Description of policy, including the change from prior policy:   |
| for<br>or<br>inc | B is a fifty dollar (\$50.00) payment to families for up to six (6) months when the family loses eligibility Temporary Assistance benefits due to an increase in earned income, removal of an earnings disregard an allowable expense deduction, or a household composition change which causes ineligibility due to some guidelines for Temporary Assistance. TEB helps to support working families during their insition into employment and the loss of eligibility for Temporary Assistance. Previously families seived no assistance following loss of Temporary Assistance eligibility due to earned income. |
| 4.               | Description of the methodology used to calculate the estimated impact of this eligibility change: (attach supporting materials to this form):  |
| th               | e impact of the change is shown on the TEB impact worksheet in Part II of this report, which identifies a number of TEB families each month from October 1, 2012, to September 30, 2013. An average was termined and used to calculate the impact.   |
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|---|--|--|
| St  | State: Missouri Fiscal   | Year to which credit applies: 2014     |
| 1.  | 1. Name of eligibility change: <b>Temporary Assistance Recip</b>   | pient Drug Testing                     |
| 2.  | 2. Implementation date of eligibility change: March 4, 2013  |  |
| 3.  | 3. Description of policy, including the change from prior poli   | cy:                                    |
| All applicants and participants for Temporary Assistance (TA) benefits who are age eighteen (18) or older and are the head of household will complete a screening for illegal use of a controlled substance. Individuals required to complete the screening must cooperate with the screening in order to receive or continue to receive Temporary Assistance (TA). The screening determines if an individual applying for TA benefits must be referred for a drug test. Participants who are age eighteen (18) or older and are the head of household and are receiving Temporary Assistance (TA) benefits are submitted quarterly to a match with the Missouri State Highway Patrol (MSHP). This match searches law enforcement records for participants that have an arrest or conviction for a misdemeanor or felony drug offense for the previous 12 months. If there is a match, the participant is referred for a drug test. |  |  |
|   | 4. Description of the methodology used to calculate the estim (attach supporting materials to this form) |  |
| There is no impact due to this eligibility change as any individual that does not comply with the drug screening, drug testing, or tests positive may be disqualified from receiving Temporary Assistance for themselves for three years, however the children continue receiving Temporary Assistance benefits.  |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| 5.  | 5. Estimated average monthly impact of this eligibility chang  | e on caseload in comparison year: none |
| O)  | OMB Control No.: 0970-0338   |  |

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| Date of Completion12/09/2013 |   |
|------------------------------|---|
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# PART 2 – Estimate of Caseload Reduction Credit

(Complete Part 2 using Excel Workbook provided.)

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|------------------------------|---|--|
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|                              | PART 3 Certification  |  |
| and methodo<br>Further, I ce | we have provided the public an appropriate opportunity to comment on the estimates alogy used to complete this report and considered those comments in completing it. rtify that this report incorporates all reductions in the caseload resulting from State anges and changes in Federal requirements since Fiscal Year 2005. |  |
| -                            | (signature)   |  |
|                              | Alyson Campbell (name)  |  |
|                              | <u>Director, Family Support Division</u> (title)  |  |